

PLACE OF DEATH

County of *Snohomish*Town of
orCity of *Moorat Rural Health*[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]WASHINGTON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFull Name *Willie Libby*Record No. *28*File No. *104*Registered No. *46*

Ward.)

[If death occurred in a
Hospital or Institution
give its NAME instead
of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

Indian

DATE OF BIRTH

1908
(Month) (Day) (Year)

AGE

3 years, *—* months, *—* daysSINGLE, MARRIED,
WIDOWED, OR DIVORCED*Child*BIRTHPLACE
(State or country)*Wash.*NAME OF
FATHER*Willie Libby*BIRTHPLACE
OF FATHER
(State or country)*Wash.*MAIDEN NAME
OF MOTHER*Lizzie Jenkins*BIRTHPLACE
OF MOTHER
(State or Country)*Wash.*

OCCUPATION

*Child*THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Willie Libby(Address) *Moorat Rural Health*

Filed

Feb. 9 1911
J. E. Stauffer
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb. 1 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan. 28 1911 to *Feb. 1 1911*
that I last saw him alive on *Feb. 1 1911*

and that death occurred, on the date above, at

p. M. The CAUSE OF DEATH was as follows:

*Measles*Contributory *Pneumonia*
(Duration) *3* days(Signed) *C. H. Hall*
Feb. 1 1911 (Address) *Moorat*SPECIAL INFORMATION only for Hospitals, Institutions, Transients
or Recent Residents.
Former or Usual Residence

How Long at Place of Death?

Where was Disease Contracted?

PLACE OF BURIAL OR REMOVAL

Stratton

DATE OF BURIAL

Feb. 3 1911

ADDRESS

UNDERSTAKER

J. J. Bartlett Moorat